

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38019

State File No.

FILED DEC 10 1949

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>5790</u>		Registrar's No. <u>65</u>			
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Wolf Island Twp.</u>		c. LENGTH OF STAY (in this place) <u>116 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Wolf Island</u>		b. COUNTY <u>Miss</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. So. of East Prairie</u>				d. STREET ADDRESS (If rural, give location) <u>6 mi. So of East Prairie</u>					
3. NAME OF DECEASED (Type or Print) <u>WILLIAM DEAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13, 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 25, 1882</u>			
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>8</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Tuscumbia, Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Dean</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Alberta Dean</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk.</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Dean</u> ADDRESS <u>East Prairie, Mo. #1</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tetanus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infected Deep laceration of leg</u> 8 days DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>East Prairie Scott Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-6-49 7p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from moving auto.</u>					
22. I hereby certify that I attended the deceased from <u>11/5/49</u> , to <u>11/12/49</u> , that I last saw the deceased alive on <u>11/12, 1949</u> , and that death occurred at <u>3:45P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John L. Sample M.D.</u> (Degree or title)				23b. ADDRESS <u>206 Laurel St Charleston Mo</u>		23c. DATE SIGNED <u>11/17/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 30/1949</u>		REGISTRAR'S SIGNATURE <u>Anna Harper</u>		EMERALD DIRECTOR'S SIGNATURE <u>Travis Kelly</u>		ADDRESS <u>East Prairie, Mo</u>			

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Miss. Co. Health D

County File No. _____

Date Filed DEC 9 - 19__

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Francis Shelby

Licensed Embalmer No. _____

P. O. Address _____

*272
East Prairie*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.